



**NDPERS REQUEST FOR PURCHASE INFORMATION**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 53718 (05/05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**  
**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

**COMPLETE AND SEND TO NDPERS TO RECEIVE A PURCHASE ESTIMATE**

<b>PART A MEMBER INFORMATION</b>		
Name	Daytime Phone Number	Social Security Number
<b>PART B RETIREMENT PROJECTION</b> (PROJECTIONS WILL ALWAYS BE BASED ON NORMAL RETIREMENT UNLESS OTHER DATE INDICATED)		
Specify Date (Month/Year): _____		
<b>PART C SICK LEAVE CONVERSION</b> (LEAVE BLANK IF CONVERSION IS NOT DESIRED)		
Number of hours of accumulated sick leave _____		
<b>PART D PURCHASE OF SERVICE</b> (IF YOU ARE INTERESTED IN PURCHASING SERVICE, PLEASE INDICATE DATES OF SERVICE AND WHAT TYPE BELOW)		
<input type="checkbox"/> Previous public employer service From _____ to _____ (dates employed)		
<input type="checkbox"/> Federal service From _____ to _____ (dates employed)		
<input type="checkbox"/> Active Military service From _____ to _____ (dates employed)		
<input type="checkbox"/> Past NDPERS service From _____ to _____ (dates employed)		
<input type="checkbox"/> Leave of absence/seasonal From _____ to _____ (dates employed)		
<input type="checkbox"/> Additional/Generic (up to max of 60 months) _____ months or \$ _____ (for retirement portion of purchase only)		
<b>PART E ROLLOVER/TRANSFER PAYMENT INFORMATION</b> (ONLY COMPLETE THIS SECTION IF YOU INTEND TO USE A ROLLOVER/TRANSFER OF <u>PRE-TAX</u> FUNDS FOR THE PURCHASE)		
<u>Type of Account:</u>		
<input type="checkbox"/> 401(a)	<input type="checkbox"/> 401(k)	<input type="checkbox"/> 401(c) Keogh <input type="checkbox"/> 403(b) 457: <input type="checkbox"/> State of ND
<input type="checkbox"/> FERS Thrift Savings Plan	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Other
<u>Optional:</u>		
Estimated Amount of Funds to be Utilized: \$ _____ (for retirement portion of purchase only)		

**NOTE: Requests for purchase information will be processed within 60 days of receipt at NDPERS.**

INSTRUCTIONS

**TO BE COMPLETED BY MEMBER**

**PART A MEMBER INFORMATION**

- 1-3 Provide member information as requested. Please note that as information is confidential, it will be mailed to the address on file at NDPERS for the member.

**PART B RETIREMENT PROJECTION**

- 1 If you would like a projection of retirement benefits other than Normal Retirement (age 65 or the Rule of 85), please specify the date.

**PART C SICK LEAVE CONVERSION**

- 1 If you are interested in receiving information about converting unused sick leave, indicate the number of hours.

**PART D PURCHASE OF SERVICE**

- 1 Indicate the type of service that you are interested in purchasing.  
2 Indicate the dates or number of months.

**PART E ROLLOVER/TRANSFER PAYMENT INFORMATION**

- 1 If you are interested in transferring/rolling a specific pre-tax amount of funds into NDPERS to purchase credit, indicate the type of account. Note: those listed are the only eligible funds that NDPERS can accept.  
2 If known, indicate the estimated dollar amount of funds to be utilized in the purchase.

**FILING PROCEDURE:** Original to NDPERS – retain a photocopy for your records.